Date 2/2/0/ Label No. 70672

I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Not Postal Pos

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07278
PATENT TRADEMARK OFFICE

## DARBY & DARBY P.C.

805 Third Avenue New York, New York 10022 212-527-7700

Docket No: 1225/1G584US2

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Sir:



Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors):

David BERD

125 Heathcock Lane

Wyncote, Pennsylvania 19095

<u>Title</u>: LOW DOSE HAPTENIZED TUMOR CELL AND TUMOR CELL EXTRACT IMMUNOTHERAPY

including the items indicated:

- 1. Specification and 24 claims: 4 indep.; 20 dep.; \_ multiple dep.
- [] Executed declaration and power of attorney
   [X] Unexecuted declaration and power of attorney
- 3. [X] Formal drawings, 1 sheets (Figs. 1) [] Informal drawings, sheets (Figs.)
- 4. [] Assignment for recording to: Thomas Jefferson University

- 5. [X] Small Entity Status claimed -
- 6. [] Check in amount of \$\_\_\_, (\$\_\_ filing; \$0 recording) (See attached **Fee Computation Sheet**)
- 7. [] Preliminary Amendment
- 8. [] Information Disclosure Statement
- 9. [] Please amend the description by inserting the following paragraph after the line containing the title on page 1:

  "This patent application claims the priority of U.S. provisional patent application No. 60/180,258, filed on February 4, 2000, and 60/259,501, filed on January 3, 2001, which is incorporated herein by reference."

Priority is claimed for this application, corresponding application/s having been filed as follows:

Country:

Number:

Date:

The priority documents

[] are enclosed

[] will follow.

Date: February 1, 2001

Respectfully submitted,

Paul F. Fehlher, Ph.D.

Reg. No. 35,135

Attorney for Applicant(s)

## PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$710.00
Total Claims	24 - 20	- 0 = 4	x \$18.00	\$72.00
Independent Claims	4 - 3	- 0 = 1	x \$80.00	\$80.00
Multiple Dependen	t Claims	- if so, add	\$270.00	\$0.00
Surcharge for lat	e submission of fil	ing fee and/or decl	aration (\$130.00)	\$0.00
SUBTOTAL				\$862.00
[X] Small Entity REDUCTION (Half of Subtotal)				\$431.00
Fee for recordation of assignment (\$40.00)				\$0.00
Charge for filing non-English language application (\$130.00)				\$0.00
# TOTAL				\$431.00